

**Indiana Department of Insurance
Continuing Education
Course Approval Application**

New Application ☐ Renewal Application ☐

Will course be held one-time only? Yes ☐ No ☐ Will course be open to the public? Yes ☐ No ☐

PROVIDER INFORMATION:

Provider Name:		
Street Address:		
City:	State:	Zip Code:
EIN No:	Provider # (if assigned):	
Contact Person:		
Phone:	Email:	

COURSE INFORMATION:

Course Title (maximum 40 characters):		
Date of Course:	Start Time:	End Time:
Course Location:		
Street Address:		
City:	State:	Zip Code:

Note: Course filings must be received by the IDOI at least 30 days prior to date of the course – NO EXCEPTION. If filing is Secondary Provider using course material previously approved for another IN provider, state Provider Name and course title below. You must attach a copy of the Authorization Agreement.

If this course was previously approved provide Course Number: _____

Instruction Method: Classroom/Seminar ☐ or Convention Workshop ☐

For Self-Study: Textbook ☐ or Internet ☐

Number of Credit Hours requested: _____

I, _____, certify that I have read and understand the Commissioner's Administrative Rules regarding continuing education courses and agree to abide by those laws and regulations.

Signature of Contact Person

Date

The following must be included with course filing: One (1) original set of all documents, \$40.00 filing fee, content outline/agenda and text Material. If self-study course, include original textbook, sealed copies of 3 sets of examinations.

Mail Submission to: Indiana Department of Insurance
311 W. Washington Street
Indianapolis, IN 46204